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THE INSTITUTE OF SOCIAL MEDICINE,
10, Parks Road, Oxford.

HUNTINGDONSHIRE COUNTY COUNCIL

INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD.
OXFORD

Annual Report

OF THE

COUNTY MEDICAL OFFICER

UPON THE

HEALTH AND SANITARY

CONDITION

OF THE

COUNTY OF HUNTINGDON

For the Year 1945

TO THE CHAIRMAN AND MEMBERS

OF THE HUNTINGDONSHIRE COUNTY COUNCIL.

My Lords, Ladies and Gentlemen,

I have the honour to submit my third **Annual Report** on the health and sanitary condition of the County for the year ending December 31st, 1945.

In order to avoid delay in the publication of the report I have omitted the section on vital statistics which is dependent on figures sent by the Registrar-General. These figures usually arrive in July every year. It seems a pity to hold over the main body of the report for their insertion. I have, therefore, decided to issue the section on vital statistics later on as a slip for insertion in this report.

A review of the work done in Emergency Evacuation Institutions in the County has been added as an appendix to the report.

It has been a memorable year commencing in the tension of military preparations for the final overthrow of the enemy, and in an atmosphere, at home, of anxious hope attended with the mental and physical strain of over five years of unremitting exertion. After victory, first in the West and then in the East, plans for demobilisation were put into operation, followed by a General Election in July. With the easing of military tension, however, there was not, except for the cessation of enemy action, a corresponding relaxation of the rigours of life at home ; austerity continued accompanied by the new difficulties of readjustment of home life, consequent on the return of service men ; the re-conversion of business from war to peace-time use ; rehabilitation of the afflicted ; and re-orientation of national opinion to the needs and distresses in Europe and Asia. It is not surprising that the year closed not in rejoicing, but in confusion and apprehension. During this period the system of public health, as during the previous war years, stood the test well, aided no doubt by the circumstances, imponderable in themselves, which shielded the country from the severe epidemic diseases usually found as the aftermath of war.

To recover national prosperity and to make sure that the virility traditional to British people is maintained all the resources of public health will be needed. Emphasis is now laid on conserving and strengthening the individual. The healthy individual is the rock on which a healthy State is built. The State of the future will depend not on the virility of some but on the virility of many. Never before has the individual been of such vital importance to the State. Never before has the individual been given the opportunity of contributing to, and enjoying the benefits of a national heritage so rich in the things that make civilisation worth while.

Confronted with an uncertain birth rate, it is to the maternity and child welfare service that the nation will look for the application of modern medical knowledge to the problems of child-bearing and the care of infants. With an improved school medical service and with the widely extended facilities for treatment foreshadowed in the National Health Bill, which at the time of writing has been presented to Parliament, together with the benefits accruing from the National Insurance Bill, also before Parliament, a social order of great significance is initiated, in which preventable wastage of child life can have no place.

The health of the County has remained fairly good. The anticipated increase in Tuberculosis has not so far been felt, neither has there been a marked increase in the incidence of Venereal Diseases. Other infectious diseases show a slight increase in the total number of cases, largely due to an increase in the number of cases of Measles.

As this is my last Annual Report to the County Council before retirement I desire to express my thanks to the members of the Council for the courtesy and forbearance I have received during the three-and-a-half years service with them. I have to acknowledge with thanks the friendship and help given to me by the Clerk of the Council and the Heads of Departments. I bear closely in mind also the members of my staff who have shared with me the difficulties of the war period and have entered loyally and enthusiastically into new fields of endeavour. Especially would I record the good work of my Chief Clerk, without whose aid I should have found myself even more at a loss in matters of Local Government administration than has been the case.

I have the honour to remain,

Your obedient Servant,

N. H. HARRISON.

May, 1946.

INFECTIOUS DISEASES

The total number of cases of infectious diseases notified during the year was 1,120 compared with 902 for 1944. There were 138 cases of Whooping Cough and 692 cases of Measles compared with 358 and 154 respectively in 1944. The number of cases of Diphtheria was 34 compared with 5 cases in 1944. This rise is largely due to a mild epidemic at Old Fletton, where there were 21 cases and no deaths. Notifications of persons in contact with cases of Smallpox on ships entering the ports of Glasgow and Liverpool and destined for this County were received from the Port Authorities. All the contacts came under observation for the prescribed period.

Diphtheria Immunisation

Diphtheria Immunisation of children has been continued throughout the year. The total number of cases recorded was:—

0—5 years	...	...	732
5—15 years	...	...	144

TUBERCULOSIS

During the year the Tuberculosis Service has been maintained at an efficient level.

The 25 year old agreement with Papworth Village Settlement for the accommodation of patients from this County expired on 13th April, 1944, and a new agreement, more favourable to the County, has since been concluded. The new agreement greatly extends hospital facilities for the County, both in the number of beds available and in the types of cases to be accommodated. A new block of buildings is to be erected at Papworth for the treatment of patients suffering from advanced Pulmonary Tuberculosis. The arrangements for hospital accommodation, now concluded, completes the re-organisation of the Tuberculosis Services, providing satisfactory local clinical diagnostic and therapeutic centres, domiciliary visiting, and adequate hospital accommodation for early and advanced cases. There are two diagnostic and therapeutic centres in the County, one at Huntingdon, and the other, opened in September, at Fletton. If the number of cases justifies it the Public Health Committee will be asked to approve the opening of another centre at St. Neots.

Liaison with Papworth Settlement, in addition to the arrangements already mentioned, is still closer by virtue of an agreement made for a Chest Consultant on the Settlement staff to visit the County Centres at regular intervals.

Dr. E. F. Bebbington, Assistant Medical Officer in clinical charge of the Tuberculosis Service, reports:—

“ During the year 60 chest clinics were held, 56 at the County Hospital, Huntingdon, and 4 at Fletton. The north of the County is now provided with a well equipped centre for diagnosis and observation of chest diseases, and patients attending are X-rayed at the Peterborough Memorial Hospital, thus speeding up the diagnosis, and enabling treatment to be offered soon after disease is discovered.

“ The total number of attendances at chest clinics was 313, 94 more than in 1944. Of these attendances 144 were new cases and 169 were re-examinations. Of the 144 new cases, 78 were suspect cases which proved on examination to be non-tuberculous. There were 103 patients who were requested to attend and did not comply.

“ The number of notifications for all forms of tuberculous disease in the County in 1945 was 72. The increase expected in notifications of persons in the Services domiciled in Huntingdonshire has not materialised. During the year 19 cases of persons in the Services came under supervision compared with 16 in 1944.

“ There were 50 cases of pulmonary tuberculosis notified during the year as compared with 59 in 1944. 123 suspect cases were put on the register and 92 were removed during the year ; 116 contacts were entered on the register and 32 were removed. 13 Cases of Non-Pulmonary Tuberculosis were notified as against 34 in 1944. In addition 5 Pulmonary and 4 Non-Pulmonary cases came to notice otherwise than by formal notification ; for example, from death returns, etc. Hence there were 72 total notifications (pulmonary and non-pulmonary).

“ The total number of notified cases on the Register at the end of the year was 203.

“ The Assistant Medical Officer for Tuberculosis paid 161 domiciliary visits to notified and observation cases, 96 domiciliary visits to contacts and 30 visits to cases suspected of being tuberculosis, making a total of 287 visits during the year. The opening of the new clinic at Fletton has led to a slight decrease in the number of home visits necessary. Also it must be remembered that during the previous year, 1944, cases suspected of being tuberculous were still swelling the visiting list. 1945 has seen a complete clearance of these cases from the register.

“ The Tuberculosis Health Visitor paid 734 domiciliary visits and 56 special visits during the year. The actual cases seen at these home visits are in excess of the domiciliary visits as often several contacts are seen in one home. Cases are classified as follows:—

Notified Pulmonary	...	465
Notified Non-Pulmonary	...	83
Suspects	... ..	36
Observation	... ..	47
Contacts	... ..	1,003

“ The figure of 1,003 contacts visited is indicative of the important part which the Health Visitor plays in keeping contacts in view, without laying undue stress on the fact that contact with a disease such as Tuberculosis is a continual anxiety where young children, that is to say, the least immunised part of the population are concerned. Where possible, diagnostic skin tests are performed to detect possible reactors, and these are further investigated by X-ray, etc. Failure to accept such offers has several times been detrimental to the younger members of the family, and more than one attempt has often been made to persuade parents to have their children overhauled and kept under observation. This is always done for two years after a death from tuberculosis has occurred in any home. Disinfection of the home, after death or removal, also plays an important part in prevention of spread of the disease.

“ The number of patients receiving treatment in Sanatoria during 1945 was 62 representing 11,555 patient days. The number of cases of non-pulmonary tuberculosis receiving treatment in Manfield Orthopaedic Hospital, Northampton, was 10, representing 2,068 patient days.

“ The number of X-rays taken during 1945 was 288 (Papworth 207, Peterborough 81). An agreement was made during the year with Peterborough Memorial Hospital to perform X-ray examinations for patients in the north of the County. The first session for County patients was held there on February 6th, 1945.

“ 52 Sputum tests were carried out at Papworth. Sputa which are negative by direct smear, are now cultured at a slight extra cost. This process often reveals tubercle bacilli even when absent from a direct test, and is effective especially where it is a question of arrested or quiescent disease in the lungs.

“ The number of deaths from all forms of tuberculosis in the County was 22, that for Urban Districts being 12 and for Rural Districts 10. The corresponding figures for 1944 were 32, and for Urban and Rural Districts 19 and 13 respectively. 24 cases of Tuberculosis (all forms) were removed from the register as recovered.

“ Tuberculosis Allowances in accordance with the provisions laid down in Memo. 266/T were granted to 22 patients. On December 31st, 1945, 12 patients were receiving allowances. Hardship is still caused to patients, by the fact that advanced cases and non-pulmonary cases are ineligible for allowances. It is hoped that future rulings will include both these categories in the allowance schemes for rehabilitation of tuberculous persons.”

The following table shows the extent of residential treatment during 1944:

			In Institutions on January 1st, 1945	Admitted during the year	Discharged during the year	Died in Institutions	In Institutions on 31st December, 1945
No. of Patients	Adults:	M ...	16	14	13	3	14
		F ...	13	17	13	3	14
	Children:	M ...	4	2	2	—	4
		F ...	3	3	2	—	4
	Total ...		36	36	30	6	36

VENEREAL DISEASES

The expected rise in the incidence of Venereal Diseases has happily not been fulfilled as is shown by the figures given in the abstract below. The figures available from notifications under Regulation 33B and from clinics and hospitals are only part of the story. The number of cases treated privately is unknown.

On the resignation of the County Almoner towards the end of 1944 the appointment of a County Almoner for Venereal Diseases was reviewed and it was decided that as there was not enough work in the County to justify a full-time appointment, suitable arrangements with neighbouring Authorities to share the services of an Almoner would offer a satisfactory means by which the County could be covered. It was emphasised that the Almoner should be based on a Venereal Diseases Clinic. Patients from Huntingdonshire attend the Clinics at Peterborough and Cambridge. Negotiations, therefore, with the County Council for the Soke of Peterborough and the County Council for Cambridgeshire were started and eventually came to a successful

issue by the appointment of Almoners at Peterborough and Cambridge. The Almoner at Peterborough covers the Soke of Peterborough, Rutland, and the north of Huntingdonshire. The Almoner at Cambridge covers the County of Cambridge, the Isle of Ely, and the south of Huntingdonshire.

Abstract relating to Huntingdonshire patients treated at the Venereal Diseases Treatment Centres.

					Cambridge		Peterborough	
					1945	1944	1945	1944
A.—Number of persons dealt with for the first time and found to be suffering from—								
Syphilis	...	...	...	...	1	1	7	7
Soft Chancre	...	...	...	...	—	—	—	—
Gonorrhoea	...	...	...	...	4	2	11	20
Conditions other than Venereal	...	...	...	...	23	29	51	52
Total					28	32	69	79
B.—Attendances of all patients					179	196	1123	1510

Miss E. M. Botting, the Almoner for Venereal Diseases at Peterborough, reports as follows:—

“ The register started by Mrs. Hudson, County Almoner until the 31st October, 1944, has been continued. It contained 56 names on the 1st June, 1945, and 110 after six months. The difficulties of 42 patients were settled during 1944 and the rest have been dealt with under the following headings:—114 home visits were made ; 103 letters were written and 36 other enquiries were made. As a result, 5 patients refused or failed to attend after repeated promises to do so ; 5 were untraced ; 5 were transferred to other areas ; 10 have completed treatment and been discharged and 43 are still under treatment. The patients were referred to the Almoner for the following reasons:—67 were defaulting, 31 were first notifications under Regulation 33B and 6 were second notifications and 6 were referred by moral welfare workers, health visitors and general practitioners.

“ Many of the 67 defaulters have not attended for several years so that it is more difficult to persuade them to re-attend. Total figures for the year 1944-45 at Peterborough show that half the new infected cases were referred to the Almoner, but at present only 8 of these are defaulting. It appears that on the average about 50 per cent of the defaulters can be persuaded to complete treatment, about 10 per cent appear to be borderline mental defectives and about 15 per cent are suspected of promiscuous behaviour. While the regular attenders should continue to benefit from the confidential nature of the treatment, the obstinate defaulter is only likely to respond to the threat of legal action, with the breach of confidence which this entails. Although, no one can be forced for their own good to undergo treatment, they should be, if they are infectious to others. It would, of course, be necessary for the law to be altered before this could happen, but it seems to be very necessary, particularly in the case of parents who refuse to allow children to complete treatment. At present the children are denied the benefit of protection under the Children and Young Persons Act, in case the Magistrates should demand to know the diagnosis in each case and the reputation of the clinic and doctor concerned would suffer from the breach of confidence.

“ Of the patients for whom two notifications under 33B have been received, 2 have been discharged and one will soon be discharged.

“ As many of the notified cases move about the country it would be an advantage if the Ministry of Health would keep a central register as a clearing house for these wanderers, who often elude the second notification. As very few second notifications are received it would be more useful if legal action could be taken, where necessary, after the first notification.

“ It is satisfactory to report that a married woman's illegitimate child who could not be adopted, has been accepted by Dr. Barnardo's Homes, and the mother's family life has been re-started.

“ There appear to be few patients for whom any social work can be done, although co-operation is gladly given by District Nurses, Inspectors of the National Society for the Prevention of Cruelty to Children, the Police and Officers of various departments of local authorities. In the main, the patients are their own problems by reason of their character difficulties and the only way to help them overcome these is by getting to know them over a period and being able to talk to them freely and approach the fundamental issues. The discipline of regular attendance should help to establish a sense of responsibility.”

INFECTIOUS DISEASES NOTIFIED IN HUNTINGDON COUNTY FOR THE YEAR ENDED 31st DECEMBER, 1945.

District	Smallpox	Cerebro-Spinal Fever	Whooping Cough	Diphtheria	Erysipelas	Scarlet Fever	Typhoid and Paratyphoid	Puerperal Pyrexia	Encephalitis Lethargica	Ophthalmia Neonatorum	Pneumonia	Chicken Pox	Measles	Acute Poliomyelitis	Total
URBAN.															
Godmanchester ...	—	—	7	—	3	—	—	—	—	1	3	5	25	—	44
Huntingdon ...	—	—	14	—	6	3	—	2	—	—	8	55	29	—	117
Old Fletton ...	—	—	19	21	3	6	—	—	—	—	2	—	109	—	160
Ramsey ...	—	—	1	—	—	9	—	1	—	—	4	—	16	—	31
St. Neots ...	—	—	21	—	3	—	—	—	—	1	2	—	93	—	120
St. Ives ...	—	1	7	—	—	1	—	—	—	—	3	—	10	—	22
RURAL.															
Huntingdon ...	—	—	16	—	8	5	—	—	—	—	6	49	155	—	239
Norman Cross ...	—	—	24	3	2	8	—	—	—	—	4	—	67	—	108
St. Ives ...	—	—	11	2	4	6	—	3	—	—	11	—	68	—	105
St. Neots ...	—	—	18	2	5	2	—	15	—	—	12	—	120	—	174
	—	1	138	28	34	40	—	21	—	2	55	109	692	—	1120

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Part I.—Summary of Notifications during the period 1st Jan., 1945, to the 31st Dec., 1945, in the area of the County of Huntingdon.

Formal Notifications												
Number of Primary Notifications of New Cases of Tuberculosis												
AGE PERIODS	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total
Pulmonary—												
Males ...	—	—	—	—	1	1	7	2	3	—	—	14
Females ...	—	2	—	—	4	4	7	—	1	1	—	20
Non-Pulmonary—												
Males ...	—	—	5	2	—	—	—	—	—	—	—	7
Females ...	—	—	1	—	—	—	—	—	—	—	—	1

Part II.—Supplemental Return.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above mentioned period, otherwise than by formal notification.

[illegible]

TUBERCULOSIS.

Return showing the work of the Dispensaries during the year 1945.

Diagnosis	Pulmonary				Non-Pulmonary				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A.—(1) Number of definite cases on Register at beginning of year	74	58	5	5	20	24	32	35	94	82	37	40	253
(2) Transfers from other areas	6	3	—	—	1	—	1	—	7	3	1	—	11
(3) Lost sight of cases returned during year	—	1	—	1	1	—	—	—	1	1	—	1	3
B.—Number of new cases diagnosed during the year—													
(1) Class T.B. minus	13	12	2	2	—	—	—	—	13	12	2	2	29
(2) Class T.B. plus	8	4	—	—	—	—	—	—	8	4	—	—	12
(3) Non-Pulmonary	—	—	—	—	1	1	6	1	1	1	6	1	9
C.—Number of cases in A and B written off the Dispensary Register during the year—													
(1) Recovered	2	4	3	3	3	6	6	5	5	10	9	8	32
(2) Dead (all causes)	10	6	—	—	—	1	4	—	10	7	4	—	21
(3) Removed to other areas	12	11	1	1	3	4	4	7	15	15	5	8	43
(4) For other reasons	2	2	—	—	2	3	6	3	4	5	6	3	18
D.—Number of definite cases of Tuberculosis on Register at the end of the year	75	55	3	4	15	11	19	21	90	66	22	25	203

MATERNITY AND CHILD WELFARE

The Maternity and Child Welfare services have been fully maintained and extended. One new Infant Welfare Centre was opened at Elton, bringing the total number of Centres to 17. New premises have been secured for the Infant Welfare Centres and other Clinics at St. Ives and St. Neots.

Approval was granted for an increase in health visiting staff from four to eight. The duties of Health Visitors are allocated half-time to public health and half-time to the school medical service. Thus, for public health duties there are the equivalent of four full-time officers.

Maternity and Midwifery Services

On behalf of the County Council, District Nursing Associations affiliated to the County Nursing Association undertake the district midwifery in the County. The District Midwives are under the supervision of a Supervisor of Midwives. There are 19 District Associations employing 26 midwives.

The arrangement for midwives to undergo a course of training in the use of Nitrous Oxide for the alleviation of pain during labour have continued throughout the year. Three Nurses were sent for training. On the return of the Nurse from training she is provided with the necessary apparatus for use in her district.

As indicated in last year's report, District Midwives have now been provided with and trained in the use of the sphygmomanometer.

The following table sets out the work of the District Midwives during the year.:

No. of cases attended as Midwives	...	...	486
No. of cases attended as Maternity Nurse	...	...	381
No. of midwifery cases in which medical aid was called in by Midwife	...	...	104
No. of attendances—Midwifery cases	...	...	6,744
No. of attendances—Maternity cases	...	...	6,161
No. of general nursing attendances	...	...	26,043
No. of other attendances	...	...	2,438

Health Visiting

With the stress laid on the importance of mothercraft and the welfare of the child, the work of the Health Visitors has become significant. Until recently the visiting of infants in the County has

been done by the District Midwives. As the number of Health Visitors increase, mothercraft and infant visiting will be undertaken by them, leaving the district midwives free to concentrate on midwifery and district nursing. It can be confidently said that the Health Visitors by their tact, understanding and knowledge have won the confidence and co-operation of the mothers in the County. The Health Visitors keep in close touch with the District Midwives, who appreciate the necessity of following up when their work ceases on completion of the lying-in period. The Health Visitor, who is in charge of the local Infant Welfare Clinic, under the direction of the Medical Officer, receives the infant at the Infant Welfare Clinic, where this is possible. The child is cared for until entry either to a nursery school at two years, or to a primary school at the age of five. Thus the infant is cared for in the home and at the Infant Welfare Clinic by the same health visitor. The health visitor is also school nurse for her district and continues her care of the child throughout school life. Continuity of service by one person through the various stages of infant and child life, when it can be brought about, is a factor of importance, both to the mother and to public health. The main difficulty is in the selection of health visitors, who are prepared to remain in one district. With the introduction of the Rushcliffe Scale of Salaries the difficulty should not be so great, as the salaries have tended to stabilise the position of health visitors inasmuch as a health visitor who is happy in her district will not be tempted to leave on account of higher salary elsewhere.

The summary of work done by Health Visitors is given as follows:

First Visits	...	...	1,306
0—1 year	...	...	4,208
1—5 years	...	...	5,779
Ante-Natal	...	...	5,890

Ante-Natal and Post-Natal

General medical practitioners undertake ante-natal and post-natal examinations in the County. During the intervals between the examinations, observation clinics are held and any abnormalities found are referred to the practitioners concerned, who may consult the County Consultant Obstetric Surgeon, if they consider it desirable. The number of examinations by medical practitioners during the year was:—

	<i>Huntingdon-</i>			<i>shire cases</i>	<i>Evacuees</i>
Ante-Natal examinations	1,300	28
Post-Natal examinations	435	15
Medical Aid...	159	2

Maternity Hospital Service

The Paxton Park Emergency Maternity Hospital, by arrangement with the Ministry of Health, receives a proportion of County cases according to the number of beds available after satisfying the needs of evacuation. During the year 189 County cases were admitted. In addition to the restricted accommodation of County cases at Paxton Park Maternity Hospital, beds are available at St. John's Hospital, Peterborough, by consent of the County Council of the Soke of Peterborough.

A summary of maternity cases admitted to Hospital during the year is given below.

Admissions to Paxton Park—

Huntingdonshire patients	...	...	...	...	189
Evacuees	...	...	...	...	261

Admissions to St. John's Hospital, Peterborough—

Huntingdonshire patients	108
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Consultant Service

Mr. Leonard Phillips, M.S., M.D., F.R.C.S., F.C.O.G., Consulting Obstetric and Gynaecological Surgeon, attends once weekly at Paxton Park Maternity Hospital on Sundays or other days on call. He is available for consultation at his clinic held at the County Hospital, Huntingdon, Out-Patients Department, on Saturday mornings. Cases needing surgical treatment are admitted to Hospital for operation by Mr. Phillips on completion of his clinic every Saturday. The number of cases attending the Clinic was 338. 11 Obstetric and 50 Gynaecological operations were performed.

The County is fortunate in having as their Consultant so distinguished a surgeon as Mr. Phillips. His work has been of inestimable value to the women of Huntingdonshire.

Premature Infants

In accordance with the recommendations of the Ministry of Health Circular 20/44 some headway has been made in the arrangements for the care of premature infants. A special type of portable cot, complete with the necessary equipment, has been introduced. The cots may be used for home nursing or they may be used to convey infants to hospital. Cots have been placed at convenient places in the County, namely, one each at Huntingdon, Ramsey, St. Ives, St. Neots, Elton

and Sawtry. In addition to these arrangements, a specially devised oxygen apparatus, suggested by the County Obstetric Consulting Surgeon, is being made. It is proposed to have one set available for the north of the County, kept ready for immediate use at Stilton and one for the south, at Huntingdon. The needs of hospital accommodation for premature infants have not so far been adequately met, for the reason that there is no special provision for the care of premature infants at the hospitals serving the County. Provision is being made for a special premature infant ward in the plans for the proposed maternity block at the County Hospital.

The number of premature infants recorded during the year was 45.

Infant Welfare Clinics

Co-ordination of the several agencies interested in child welfare is desirable. To gather together under the central administration of public health, infants up to the age of 2, school children, children living with foster parents, children awaiting adoption, handicapped children, children placed in institutions; is an effective way to ensure, at least, homogeneity of method in child welfare.

In considering the work done at infant welfare clinics, there immediately comes to light a serious defect. Local Authorities are left to choose what manner of infant welfare they shall do. This means that it is left to the inclination of the Medical Officer advising the Public Health Committee. It is not surprising that there is considerable variation in the facilities offered by Local Authorities throughout the country. It may be asked what is meant by Infant Welfare as developed by Local Welfare Authorities in recent years? It can be said at once that it is a branch of preventive medicine comprising:

- (1) Service of guidance in mothercraft and the expert medical and nursing advice.
- (2) A system of medical examination of the infant for the detection of physical abnormalities, and of observation of the infant at home by the health visitor, with a view to ensuring the optimum physical development having special regard to diet, clothing, environment, adequate rest and facilities for play.

Infant welfare work finds its central point at the Infant Welfare Clinic. From the clinic radiate all its activities. The infant welfare clinic should not only be a pleasant place for mothers to foregather with their children to see them weighed, to receive cod liver oil, orange juice, and perhaps to enjoy an interview with the doctor, but it should also be a

place where the infant is regarded as an individual in whom the State is profoundly interested. The State has considered that every effort should be made to ensure, as far as possible, a healthy up-bringing, a healthy school life and finally a healthy adult environment to produce the useful and happy citizen. The challenge is thrown down to those responsible for infant welfare.

Authoritative direction would be welcomed on these matters. The accumulated experience of many years of infant welfare work should certainly provide the Ministry of Health with data, sufficient to direct Local Authorities in the methods to be employed in infant welfare clinics. A minimum standard of procedure applicable throughout the country might well be laid down, having special regard to the necessity for the uniform recording of information obtained at Infant Welfare Clinics. The medical records kept at the Infant Welfare Clinics should have a direct bearing on the records kept by the School Medical Service. Indeed the infant welfare medical record should accompany the child on entry to school, and be retained throughout school life.

Attendances at Infant Welfare Centres

<i>County Centres</i>	<i>1st Visits Subsequent</i>		<i>1st Visits Subsequent</i>		<i>Total</i>
	<i>0-1 year</i>	<i>0-1 year</i>	<i>1-5 years</i>	<i>1-5 years</i>	
Brampton ...	32	87	11	180	310
Buckden ...	27	92	9	166	294
Bythorn ...	15	39	1	29	84
Elton ...	39	139	34	246	458
Fenstanton ...	19	89	7	139	254
Great Staughton	20	60	7	242	329
Huntingdon and Godmanchester	132	814	101	440	1487
Kimbolton ...	29	175	9	203	416
Ramsey... ..	85	165	74	126	450
St. Ives... ..	130	848	44	485	1507
St. Neots ...	89	715	16	411	1231
Somersham ...	42	135	36	194	407
Spaldwick ...	32	61	18	130	241
Warboys ...	27	91	10	114	242
Yaxley ...	26	99	8	202	335
<i>Voluntary Centres</i>					
Old Fletton ...	141	1930	43	984	3098
Sawtry ...	15	98	4	226	343
<i>Total Number of</i>					
<i>Attendances at all</i>	900	5637	432	4517	11486
<i>Centres</i>					

CLEANLINESS

The work at the clinic for the treatment of the commoner skin diseases has been maintained.

The total number of examinations of children in schools by the school nurses was 31,913 compared with 34,497 in 1944. The number found to be verminous was 377 compared with 808 in 1944.

The following figures are of cases attending the clinic at Huntingdon:—

		<i>Skin Diseases including Scabies</i>	<i>Verminous Heads</i>
Number of children attending	...	126	68
Number of attendances	... ..	308	217

DENTAL TREATMENT

Dental treatment for nursing and expectant mothers and pre-school children is being given as in previous years at the various Clinics. It is hoped in the near future when all the proposed clinics are fully equipped and with the co-operation of the County Nursing Service including the Midwives, that this essential service will be greatly increased. It is of utmost importance to the expectant mother that her teeth are examined and treated early so that her mouth is clean and healthy during pregnancy. Facilities are now available for the inspection and treatment of all expectant mothers who wish to take advantage of them. The District Midwives have been instructed to invite women who engage them to sign an acceptance form for inspection and treatment. The acceptances are sent to the Senior Dental Officer who arranges the necessary appointments.

Summary of dental work for the year ended 31st December 1944.

EXPECTANT AND NURSING MOTHERS

Attendances	...	...	...	...	369
Inspections	...	...	...	...	55
Extractions	...	...	...	...	407
Fillings	...	...	...	...	47
Other operations	...	...	...	...	185
Dentures supplied	...	...	...	...	45 (for 25 patients)
Repairs	...	...	...	...	10
Local Anaesthetics	...	...	...	...	33
General Anaesthetics	...	...	...	...	70

CHILDREN UNDER 5 YEARS

Attendances	...	...	...	...	42
Fillings	...	...	...	...	17
Extractions	...	...	...	...	10
Local Anaesthetics	...	...	...	...	7
Other operations	...	...	...	...	20

ORTHOPAEDIC SERVICE

An Orthopaedic Surgeon from Manfield Orthopaedic Hospital, Northampton, has continued to hold clinics at Huntingdon and Peterborough. Other clinics held by the Orthopaedic Physiotherapist have been held at St. Neots, St. Ives and Ramsey and domiciliary visiting has been maintained. As most of the orthopaedic cases are school children a full report of the Physiotherapist's work will be found in the Annual Report to the Education Committee. The following tables summarise the statistics of attendances at the Clinics.

ATTENDANCES AT SURGEON'S CLINICS, 1945.

TOTAL ATTENDANCES														
CLINIC	No. of Clinics held	New cases seen	COUNTY CASES						EVACUEES					Total
			H.E.	E.E.	M. & C.W.	T.B.	P.H.	P.A.	H.E.	E.E.	M. & C.W.	T.B.	P.H.	
HUNTINGDON	23	151	84	381	114	47	54	2	1	26	15	1	-	725
PETERBOROUGH	17	33	2	135	16	12	20	-	-	4	-	-	-	189
TOTAL	40	184	86	516	130	59	74	2	1	30	15	1	-	914

NOTE.—H.E.—Higher Education; E.E.—Elementary Education; M. & C.W.—Pre-school cases; T.B.—Tuberculosis cases; P.H.—Other Adults; P.A.—Public Assistance.

ATTENDANCES AT SISTER'S CLINICS, 1945.

		TOTAL ATTENDANCES													
CLINIC	No. of Clinics held	COUNTY CASES										EVACUEES			
		H.E.	E.E.	M. & C.W.	T.B.	P.H.	P.A.	H.E.	E.E.	M. & C.W.	T.B.	P.H.	Total		
HUNTINGDON	22	95	335	27	-	1	-	3	28	3	-	-	492		
PETERBOROUGH	1	-	5	2	1	-	-	-	-	-	-	-	8		
FLETON	5	-	19	3	-	1	-	-	-	-	-	-	23		
RAMSEY	18	13	156	25	-	2	-	-	-	-	-	-	196		
ST. IVES	27	10	196	6	-	7	-	-	11	-	-	-	230		
ST. NEOTS	19	-	142	7	2	4	2	-	9	-	-	-	166		
TOTAL	92	118	853	70	3	15	2	3	48	3	-	-	1115		
HOME VISITS BY SISTER		10	155	70	80	63	4	-	70	1	15	-	468		

WELFARE OF THE BLIND

The welfare of the blind is undertaken by the Huntingdonshire Society for the Blind. The Secretary of the Society has kindly provided the figures and substance for this section.

On December 31st there were 106 blind persons on the Register of the Society and 29 under observation. Many of the latter attended regularly at the County Council's Eye Clinic. With the closing of the hostel for aged blind evacuees there remained only two blind evacuees in the County.

The Secretary and Home Teacher paid 913 visits for social and instruction purposes.

Pensions from voluntary sources received by blind persons were:—

Clothworkers' Company	...	...	1 person
Gardeners' Trust for the blind	...	...	1 person
Royal Blind Pension Society	...	...	6 persons

50 Blind persons receive domiciliary allowances from the County Council. These allowances are additional to the Blind Old Age Pension payable at the age of 40.

During the year 8 new cases were added to the Register.

There were 4 cases transferred into the County and 8 cases transferred out.

13 Cases were removed from the Register as deceased.

9 Blind persons out of a possible 17 have registered at the Labour Exchange under the Disabled Persons (Employment) Act, 1944.

MENTAL DEFICIENCY

The Home Teacher for mental defectives paid 1,186 visits during the year.

A proposal to open a Home in the County for low-grade mental defectives has been submitted to the Public Health Committee. The Board of Control have signified their approval if suitable premises can be obtained. Negotiations are proceeding for the adaptation of a house near St. Neots.

Particulars of Mental Defectives as on the 31st December, 1945

<i>Number of Mental defectives ascertained to be "subject to be dealt with"</i>				<i>Male</i>	<i>Female</i>	<i>Total</i>
UNDER "ORDER"—						
In Institutions (excluding cases on Licence)—Under 16 years of age				2	—	2
Aged 16 years and over				10	10	20
On Licence from Institutions—						
Under 16 years of age				—	—	—
Aged 16 years and over				2	2	4
Under Guardianship (including cases on Licence)—Under 16 years of age				—	—	—
Aged 16 years and over				1	8	9
IN "PLACES OF SAFETY"—						
Under 16 years of age				—	—	—
Aged 16 years and over				—	2	2
Under Statutory Supervision				11	15	26
Of whom, awaiting removal to an Institution				6	—	6
Action not yet taken under any one of the above headings				3	1	4

GENERAL SANITARY CIRCUMSTANCES IN THE COUNTY

Water, Drainage and Sewerage

Comprehensive schemes for the supply of piped water and sewerage in some rural areas and for the extension of existing schemes in other areas are going forward slowly. It is hoped that now the war is over the schemes will be expedited.

Housing

Shortage of houses remains the most urgent problem. New estates are being opened up and building is proceeding, but there are no signs of large scale attempts to meet the great need for dwelling houses.

APPENDIX

GOVERNMENT EVACUATION SCHEME

On the cessation of hostilities, there were in the County three residential nurseries, one war-time day nursery, one hostel for difficult boys, one hostel for crippled children, one ante-natal hostel, one emergency maternity hospital, one hostel for aged blind, one hostel for able-bodied aged persons and one sick bay. Since then and up to the end of the year 1945 one residential nursery, four hostels and the sick bay have been closed.

The work carried out in the nurseries, hostels, and emergency maternity hospital, has been admirable. During the five years of war the heavy burden of responsibility, and the strain of long periods of duty without relief, have been borne by the Matrons and staffs with courage and zeal. The difficulties incidental to improvisation—some of them considerable—were met and overcome, and much ingenuity was displayed in creating and maintaining an atmosphere of family life.

Residential Nurseries

Reviewing the work of the nurseries as a whole it was observed that the community life in the nurseries carries with it opportunities and benefits often denied to children living at home. Nothing can make up to the child for the loss of family life, but without doubt the devotion and care given to the children in the nurseries will have a lasting effect for good. In many cases the regular habits inculcated in the nursery would not have been attained at home. The regular and carefully planned curriculum is a great aid in the cultivation of an orderly and interesting way of life. Orderly habits and the orderly direction of the mind of the child form a sound basis for the education of the child at school. The child takes his place with the children of the various ages of his group ; his “ big sister ” being the junior nurse. Whilst the child feels his security rests with the Matron and the nurses, his personality is developed by the subtle influence of the group of children of which he is a member. He finds it an advantage to be self-reliant, but not to be aggressive. He finds that his demands are not met if the meeting of them means the infliction of harm on others. He will learn to give and take. He will quarrel and he will find that his adversary will enjoy, by the common consent of his group, equal rights with him. He will play, but he will soon discover that he will have to play generously, otherwise, the group will reject him. Moreover, he will be safe-guarded from the excessive petting and indulgence which so often masquerades as “ mother’s love.” The dominant instinct for play is satisfied at the nursery by the constant observation and study given to it by the Matron and staff.

The academic education of the children was attempted by the appointment of a teaching warden at each nursery working under the instruction of a supervisor of wardens. This method was not an unqualified success on account of the shortage of staff and a natural mild human conflict between matrons and the supervisor. There appeared to the matrons a division of authority which they deprecated. Undoubtedly, the difficulty would have been overcome in course of time. What really matters is that in spite of the difficulties some education was provided.

Children reaching the age of five were discharged from the nurseries and placed in billets. From the billets they attended the nearest school.

War-time Day Nursery

A day nursery for children, whose mothers were engaged in industrial occupations directly concerned with the war, was erected at Ambury Road, Huntingdon, to accommodate 80 children. It was opened on the 5th April, 1943. While the accommodation has never been fully taken up the nursery proved a great help to war workers in the neighbourhood. The age group for admission was restricted to 0—5. There was a nucleus of trained staff around which was gathered probationer nursery nurses. Some of the older girls from the Grammar School gave voluntary service during their holidays. The nursery was open from 8.30 a.m. to 6.30 p.m. Meals were provided at a nominal cost of 1/- a day.

On April 1st, 1946, the nursery will pass to the Education Committee for conversion to a nursery school for children aged 2—5.

122 Children have passed through the Nursery. They are tabulated in age groups and length of stay as follows:—

<i>Length of Stay</i>				<i>No. of children</i>	
2½—3 years	...	...		3	
2 —2½ years	...	...		3	
1½—2 years	...	...		9	
1 —1½ years	...	...		15	
6 months—1 year	...	...		25	
3 months—6 months	...	...		19	
1 months—3 months	...	...		23	
Under 1 month	...	...		25	
				—	
				Total	... 122

<i>Age Group on Admission</i>			<i>No. of Children</i>
Under 2 years	...	...	33
Over 2 years	...	...	87
Over 5 years	...	...	2
			<hr/>
Total			... 122
			<hr/>

Paxton Park Maternity Hospital

The Hospital was opened under the Government Evacuation Scheme on the 9th September, 1939, literally at a moment's notice. A country house at Little Paxton, formerly used as a school, was requisitioned and expectant mothers were received within 24 hours. Such expedition was due entirely to the energies and quick decisions of Mr. J. B. Kelly, Clerk of the County Council, and Dr. C. B. Moss-Blundell, the County Medical Officer at the time. A large house situated in extensive grounds about two miles from St. Neots and having accommodation for 60 expectant mothers was chosen. As time went on necessary adaptations have been carried out so that today the Hospital is well-equipped. The conversion of a country house to a Hospital is always a difficult problem and in the case of Paxton Park, short of complete re-construction, there remain the difficulties of the structural arrangement of the house ; rendering it inconvenient and expensive to run. None the less the Hospital has given good service and will continue to do so.

The shortage of maternity beds in London makes it likely that the Hospital will continue for some time to come.

The Hospital was closed from June 3rd to August 23rd, 1942, on account of a serious defect in the water supply, which was remedied and there has been no further trouble from this source.

The following statistics provide a short clinical record of the work done from the opening of the Home to 31st December, 1945.

ADMISSIONS AND TRANSFERS—

The total number of deliveries was	...	...	...	2,803
Transferred to the County Hospital, Huntingdon for operation for Caesarean Section	...	...	...	14

ANTE-NATAL TREATMENT—

Version performed on 18 breech presentations.

Surgical induction of labour for various conditions ... 34

General medical treatment for anaemia, toxæmia,
heart disease and other medical conditions.

AT THE TIME OF LABOUR—

The number of cases requiring medical aid was 882
including:—

Forceps deliveries	121
Manual removal of retained placenta	14
Twins (sets)	16
Breech presentations	55
Prolapsed cord	4
Blood transfusions for intra and post partum haemorrhage	9

STILLBIRTHS—

The number of stillbirths was 31 including:—

1 anencephalic ; 2 spina bifida ; 4 hydrocephalics one
of which required craniotomy.

PREMATURE INFANTS—

There were 98 premature births.

OTHER INFANTILE CONDITIONS—

There were 3 cases of severe erythroblastosis foetalis, 1 case
of strangulated inguinal hernia at 14 days ; 1 case of
pyloric stenosis ; 4 cases of talipes equino varus ; and
1 case of congenital absence of the right hand.

MATERNAL DEATHS—

There were 5 maternal deaths, one of which died in the
ambulance on transit to Hospital.

INFANT DEATHS—

There were 30 deaths of infants ; cause of death including
cerebral haemorrhage following difficult labour ; con-
genital heart disease ; prematurity ; and one case of
hydrocephalus foetalis which died shortly after delivery.

Ante-Natal Hostel, Shortsands, St. Neots

The Hostel was opened on March 31st, 1944, to accommodate expectant mothers evacuated from London. Hitherto expectant mothers had been sent direct to Paxton Park Maternity Hospital, causing much congestion and inconvenience there. This was particularly the case during the early years of the war when it was necessary to evacuate women, on account of enemy action, long before full term.

The Hostel is situated in a country house with pleasant grounds on the outskirts of St. Neots. The period of rest and care in the Hostel immediately before lying-in is much appreciated by the harassed women from London. The fears and anxieties felt by most women at this time are eased by the rest and change of environment and by the kind but firm handling of the visiting doctor from Paxton Park Hospital, and the understanding and sympathy of the Matron ; factors which have conduced to a state of tranquility at the time of labour. As a result there has always been smooth working in the Hostel and in the transfer from the Hostel to Paxton Park Maternity Hospital. The women are under the medical care of the Resident Medical Officer of the Maternity Hospital.

A clinic has been set up at the Hostel where thorough examination of all admissions is carried out. The clinic is used also for ante-natal examinations of local County cases.

Up to the 31st December, 1945, 424 expectant mothers have passed through the Hostel. For the period January 1st to December 31st, 51 local women have attended the Clinic.

Since the opening of the Hostel 12 women have been discharged at their own request and against medical advice. The reasons given being " I am anxious about my house and the children I have left behind." " My husband cannot manage without me." " I hold strong political views and I get no mental food here." " I am worried about my relatives in London who are having flying bombs." " The siren was sounded and a flying bomb dropped in the neighbourhood."

The Matron reports:—" The discipline generally has been very good, only one woman giving real trouble on account of drunkenness. I find the women co-operative and willing to help in the Hostel. During the year 1945, the Hostel was closed to admissions for a fortnight on account of a breakdown in the hot water system. Much valuable assistance has been given by voluntary workers, especially the Red Cross. Entertainments have been regularly arranged and on Sundays a religious service is conducted."

TABLE SHOWING ADMISSIONS TO AND DISCHARGES FROM CERTAIN HOMES, ETC.
SET UP UNDER THE GOVERNMENT EVACUATION SCHEME

NAME OF HOME	ADMISSIONS							DISCHARGES							Total Number passing through	Date closed
	1939	1940	1941	1942	1943	1944	1945	1939	1940	1941	1942	1943	1944	1945		
EVACUATION RESIDENTIAL NURSERIES																
Riverlea, Godmanchester ...	18	10	15	15	10	23	21	—	4	15	13	14	22	18	—	
The Holme, Godmanchester...		86	21	20	23	23	12	—	48	23	25	22	19	36	—	
		()													
Riversfield, St. Neots ...		45	19	19	9	17	7	—	—	9	25	9	21	33	6. 7.45	
		()													
Paxton Hill House, St. Neots		63	29	29	17	—	—	—	—	22	29	19	—	—	18.10.43	
EVACUATION HOSTELS																
Crippled Children's Hostel, Offord D'Arcy ...	7	6	7	3	1	8	1	—	—	—	5	4	5	19	26. 9.45	
Hostel for difficult Boys, The Grove, Godmanchester ...	(	18	)	8	5	4	7	—	—	5	6	5	5	21	31.12.45
St. Edwards Home for sick children, Huntingdon ...	—	—	—	—	—	53	13	—	—	—	—	—	44	22	9. 4.45	
Hostel for Aged Persons, The Rectory, Bluntisham ...	—	—	6	9	1	13	4	—	—	—	—	1	10	22	30. 6.45	
EMERGENCY MATERNITY HOMES																
*Paxton Park, St. Neots ...	111	373	621	391	463	440	454	104	379	580	413	479	436	434	2853	
Ante-natal Hostel, Shortsands, St. Neots ...	—	—	—	—	—	165	259	—	—	—	—	—	157	250	424	

* These figures include admissions of Hunts. County patients.

POST-WAR COUNTY RESIDENTIAL AND DAY NURSERIES

Residential Nurseries

There is no doubt that residential nurseries have a future of promise. A residential nursery should be established only in the interests of the child. It should not be used to relieve parental responsibility when such responsibility can well be borne. It should be regarded as a necessity for certain children and not as a convenience for negligent parents. Therefore careful selection of children to be admitted to these nurseries is of importance. Broadly speaking necessity is indicated when it has been established that:—

- (1) The home conditions are detrimental to the health of the child.
- (2) The mother is incapable of nurturing the child by reason of physical or mental illness.
- (3) Both parents are dead, or the mother is dead and the father is unable to take charge of the child, or that there are no responsible relatives on whom the child can depend.
- (4) There is domestic necessity such as separation of the father and mother where the mother has to earn her living and may have other older children to rear.
- (5) There is an illegitimate child needing care while the mother is being guided to conformity.

The Public Health Committee is now responsible for the age group of children 0—2 years. Of the two remaining Government Evacuation Residential Nurseries in the County, the one known as “Riverlea,” Godmanchester, would be suitable for use as a County Residential Nursery for children aged 0—2 when the Government have no further need for it. This Nursery is well situated and would meet the immediate needs of the County for a residential nursery.

Day Nurseries

The War-time Day Nursery has proved that a need exists to help mothers with the care of their children during the day. At the present time when women are urged to continue work in the national interests, the day nursery provides an amenity well esteemed by mothers. For children in the age group 2—5 years the Education Committee has converted the War-time Nursery at Ambury Road, Huntingdon, into a Nursery School. Nursery Schools are projected for other parts of the County.

Consideration should be given to the establishment of small Day Nurseries for children aged 0 - 2 at Huntingdon, Fletton, St. Neots and St. Ives.

SOCIAL WELFARE.

The appointment of a County Welfare Officer has been of great help in dealing with evacuees, and the following report from Miss J. B. Gaselee, B.A., who holds the Certificate in Social Science of London University, shows the scope of the work. The report deals with the years 1939—1946.

In September 1939, 5,037 unaccompanied children were evacuated to this County. Their welfare was undertaken by a child Guidance Officer who worked here until the end of 1942, when she was transferred to Cambridge, but difficult cases are still referred to her, although the general welfare of unaccompanied children has passed to the County Welfare Officer. During the period when the Child Guidance Officer was working in this County 983 cases were referred to her. At first, when the idea of Child Guidance was strange to the County, the cases referred were in direct ratio to their nuisance value, *e.g.* in the last three months of 1939, 81 per cent of the children seen were enuretic or delinquent, but as the aims and methods of a Child Psychologist came to be understood and appreciated children with other symptoms were brought forward for treatment, and by March 1940, the majority of cases dealt with were for nervous disorders and educational difficulties. The Child Guidance Officer estimated at the end of 1940 that 30 per cent of the cases she had seen could be considered as "very much improved." Her work was mainly divided between visiting foster homes and giving advice, establishing Child Guidance Centres, and arranging for the opening of a residential home for particularly difficult children. There was marked increases of new cases in 1941 compared with 1940. The causes were, firstly the Blitz period from January to April, when a number of raid-shocked cases came to the County, secondly the fact that the children who had remained evacuated were being increasingly affected by the prolonged separation from home and the feeling of neglect by their parents, thirdly the increased recognition of the value of the Child Guidance services by responsible officials in the County.

In December, 1940, the L.C.C. wrote offering to lend a Social worker to the County who remained until the end of September, 1941. She was mainly responsible for the welfare of adults and unaccompanied children, for the homeless and for residents in hostels. As in February, 1941, there were 3,963 evacuees, apart from the unaccompanied children, and there was great need for a worker of this type. Her work was chiefly concerned with the organisation of Social clubs, Make-do and Mend classes, Communal laundries and other amenities to reduce the discomfort of congestion and unsuitable accommodation.

After her return to London another County Welfare Officer was appointed in December, 1941. As many of the adult evacuees returned during the next few months and others were absorbed locally in industry, the need for fostering clubs was no longer urgent so she concentrated on the welfare of the old people in the Bluntisham Hostel, the aged blind from Coventry who were in a Hostel at Fenstanton and upon individual cases. She dealt with unaccompanied children also after the departure of the Child Guidance Officer. This work continued together with supervision of Communal billets and requisitioned houses, and dealing with questions concerning clothing and equipment and requests for assistance from the Lord Mayor's Air Raid Distress Fund, until she left early in 1944. By this date there were only 644 unaccompanied children and 477 other evacuees.

In June 1944, a new Welfare Officer was appointed who took up work just before the evacuation from the flying bombs, which by September brought up the numbers in the County to 1,800 unaccompanied children and 2,174 other evacuees. The immediate problems concerned billeting difficulties, the opening of a Social club in Huntingdon for adult evacuees and the welfare of unaccompanied children. The greatest number now referred were for behaviour difficulties, while cases of enuresis came second on the list. The one Hostel for boys in the County was always full and many other children who were too difficult to remain in private billets were transferred to Hostels in the region.

During the year 1945, the majority of problems were concerned with the return of evacuees ; the blind Hostel was closed in March and the Hostel for old people at the end of June. By September 1945, the number of unaccompanied children had fallen to 33. Official parties returned from St. Ives, Huntingdon and St. Neots, early in July, but a far larger number drifted back on their own account in the preceding months. 241 new cases were referred to the Welfare Officer in the course of the year, half of which concerned unaccompanied children.

Owing to a widely felt anxiety as to the welfare of children in foster homes, an attempt was made earlier in the year to undertake the systematic supervision of billets. It was felt that a detailed inspection of all the billets in several representative streets would give a good idea of conditions in Huntingdon as a whole, and this was accordingly undertaken. Owing to the publicity given to the question, the great majority of householders were extremely co-operative ; many in fact, said that " they had expected that someone would be coming round." Apart from a few cases of overcrowding, almost inevitable in war-time conditions, nothing unsatisfactory was found. The prospect of the return of evacuees soon afterwards made it impracticable to extend the survey any further.

Of the 21 children remaining in the County at the end of the year, the parents of 3 were dead or untraced, the parents of 9 were separated or unable to provide a suitable home, and in 9 cases return was impossible because the family was inadequately housed. Of the children in the second category, one has since been adopted by his foster mother and two others are remaining permanently in their billet in the care of the Waifs and Strays Society. Details of any children who were known to be difficult were sent to the L.C.C. District Care Organisers so that they could be given help and guidance on their return home.

There were still several hundred adults and children living in requisitioned houses for whom other accommodation was not available. Visits were paid at intervals to all the larger houses, and in the case of premises requisitioned by the County Council, arrangements were made in accordance with instructions in a circular for the occupants to change over to a rent basis.

The Grove Boys' Home remained open until the beginning of December 1945, by which time there were only five evacuees left in it. One boy was billeted in Ramsey so that he could take up the scholarship he had won for admission to the Grammar School. One boy was taken into a Dr. Barnado's Home soon afterwards and another was accepted at a Y.M.C.A. Agricultural Training Centre; the other two were moved to other evacuation hostels until their families could be re-housed.

Billets have still occasionally to be found for the children in the residential nurseries when they reach the age of five, if they have no home to which to return. In a few cases the billeting allowance has had to be restored because private arrangements made between the parents and householder have broken down.

A few children who returned to poor and overcrowded homes after several years in billets where much love and care had been bestowed upon them, were quite unable to settle down and several have now returned to live permanently with their foster parents. While the break-up of the family unit is to be regretted, it is good to realise that the war has brought these children a fuller and happier life than they would ever otherwise have known and that some permanent links have been forged between town and countryside.

Members of the Public Health and Housing, Maternity and Child Welfare and Mental Deficiency Committees.

Chairman

ALDERMAN W. BROWN

Vice-Chairman

ALDERMAN G. HERBERT

County Aldermen

MRS. P. A. ALLEN
C. G. ARGLES
C. A. BROWN
E. H. J. DUBERLY
G. H. IBBETT

H. E. IBBOTT
G. P. RADFORD
W. REED
THE EARL OF SANDWICH
W. WOOD HORN

County Councillors

M. J. ALLEN
L. BARKER
E. F. BROWN
C. H. CHANDLER
F. CHAPMAN
A. E. DESBOROUGH
R. L. FARLEY
F. W. FIGG
C. J. GODFREY
W. GRAY
REV. CANON E. A. GREEN
J. H. HODKINSON
E. E. MANN

D. W. MAY
C. NORMAN
F. W. NORRIS
H. ODELL
P. ONYETT
A. E. PRIESTLEY
THE COUNTESS OF SANDWICH
SIR JOHN SCOTT
LADY SHEPPERSON
C. F. TEBBUTT
C. J. WILES
G. WRIGHT

Co-opted Members

MRS. V. E. COMPTON
DR. W. S. GROVE
MRS. M. HARDING
MISS P. LOOKER
MRS. D. L. PLEDGER

LADY DE RAMSEY
MISS E. TILLARD
MRS. PERCY TOMSON
MRS. E. M. WICKS

WHOLETIME STAFF

County Medical Officer of Health

N. H. HARRISON, M.R.C.S., L.R.C.P., L.D.S., R.C.S.(Eng.)

Assistant County Medical Officers

D. S. BUCHANAN, M.B., B.S., B.HY., D.P.H. (on active service)

EVELYN F. BEBBINGTON, M.B., CH.B., D.P.H.

VIOLET D. BUCHANAN, M.R.C.S., L.R.C.P. (half-time)

LILIAN PHILLIPS, M.R.C.S., L.R.C.P.

Resident Medical Officer, Paxton Park Emergency Maternity Home, St. Neots

IVY M. MORGANS, M.B., CH.B.

Senior Dental Officer

H. G. L. FLETCHER, L.D.S., R.C.S.(Eng.)

Assistant Dental Officers

W. R. S. ROBERTSON, L.D.S., R.C.S.(Eng.)

H. WILSON-JONES, L.D.S., R.C.S.(Eng.)

County Nursing Superintendent and Superintendent of Health Visitors

MISS W. M. CHUNE

Health Visitors

MRS. E. C. ARCHER

MISS O. EVANS

MISS W. HAYWARD

MISS H. Y. MACKAY

MISS M. MITCHELL

MISS M. WIGBY

2 VACANCIES

Nurse (Skin Clinic)

MRS. M. PRATT

Tuberculosis Health Visitor

MISS A. GARNER

Social Welfare Officer

MISS J. B. GASELEE, B.A.

Orthopaedic Physio-therapist

MISS A. M. MASON, C.S.P.

Home Teacher for Mental Defectives

MISS O. K. IVIMEY

Chief Clerk

R. E. KILLICK

PART-TIME CONSULTANT STAFF

Obstetrician and Gynaecological Surgeon

LEONARD PHILLIPS, M.S., M.D., F.R.C.S.(Eng.), F.C.O.G.

Ophthalmic Surgeon

JOHN WOOD, M.R.C.S., L.R.C.P., D.O.M.S.

Orthopaedic Surgeons

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AREA AND POPULATION

Area (acres)	233,985
Population (Census 1931)	56,206
Population (estimated mid-1945)	60,070

VITAL STATISTICS

Births

The Birth rate recorded for the year shows a slight decline from 20.7 per thousand population in 1944 to 19.2 per thousand population in 1945. The ratio of illegitimate births to total births was 120.1 per thousand compared with 92.0 in 1944. The Stillbirth rate per thousand total births has risen from 20.7 in 1944 to 26.8 in 1945.

With regard to the illegitimate birth rate, comparison with previous years, and especially the year 1918—a year comparable with 1945, as being the last year of the first Great War—shows that the rate was a variant between 15.0 and 60.0 except for the year 1918 which was 92.1. The rise in the ratio of illegitimate births is disquieting and can only be superficially explained as a phenomenon of war. That there are deeper and more convincing reasons there can be no doubt.

Deaths

The number of deaths from all causes amount to 727 producing a death rate per thousand population of 12.1. This is a slight improvement on the death rate of 12.8 recorded for 1944.

The death rate of infants under one year of age per thousand births was 29.4 compared with 51.9 for 1944. This is by far the lowest death rate of infants under one year of age recorded for the county during the last 32 years. During this period the rate fluctuated between 36.0 in 1939 and 69.4 in 1926 and 1941. It is tempting to ascribe the low death rate to causes which would be gratifying to the county but would be fallacious to the Statistician. To put into perspective such a statistical phenomenon a detailed examination of social, economic and allied factors is required. Even if such factors were known the true interpretation of them would present difficulties enough for the expert in vital statistics.

In the statement of the chief causes of death during the year, attention is drawn to the number of deaths from Tuberculosis (pulmonary). The figure of 17 deaths compares very favourably with the number of 26 recorded for 1944. The number of deaths annually from Tuberculosis (pulmonary) for the last eleven years are given as follows:—

1945	17	1939	28
1944	26	1938	22
1943	22	1937	27
1942	30	1936	20
1941	22	1935	26
1940	21		

The decline in the number of deaths from pulmonary tuberculosis corresponds with a decline recorded for the whole of England and Wales.

The following table sets out the birth rates and death rates of the Urban and Rural Districts, and of England and Wales, for the past five years:

	BIRTH RATE					DEATH RATE				
	1941	1942	1943	1944	1945	1941	1942	1943	1944	1945
Urban Districts ...	14.6	16.9	16.3	19.7	19.9	11.4	10.1	11.9	11.6	11.5
Rural Districts ...	13.2	16.9	16.9	20.5	18.7	12.9	12.4	12.7	13.8	12.6
County of Huntingdon ...	13.9	16.8	16.6	20.1	19.2	12.2	11.3	12.4	12.8	12.1
England and Wales ...	14.2	15.8	16.5	17.6	16.1	12.9	11.6	12.1	11.6	11.4

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

BIRTHS—

Live Births—				<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	...	...	...	522	494	1016
Illegitimate	...	...	...	71	69	140
Total Births	...	...	...	593	563	1156
Birth rate per 1,000 population	...	...	...	19.2	(c.p. 20.1 in 1944)	
Still Births	...	...	...	31		
Still birth rate per 1,000 total births	...	...	...	26.1	(c.p. 20.7 in 1944)	

DEATHS—

Deaths from all causes	...	...	...	...	...	727
Death rate in—						
Urban Districts	...	...	...	...	...	11.5
Rural Districts	...	...	...	...	...	12.6
County of Huntingdon	...	...	...	...	...	12.1
England and Wales	...	...	...	...	...	11.4

Maternal Deaths—

From Puerperal Sepsis and Puerperal Pyrexia	...	1
From other causes	...	3

Infant Deaths—

Death rate of infants under 1 year of age per 1,000 births—

Legitimate	...	29.5
Illegitimate	...	28.6
Total death rate	...	29.4

The chief causes of death during the year were Heart Disease 201, Cancer 124, Intracranial lesions 91, Bronchitis 31, Tuberculosis (pulmonary) 17, Pneumonia 23.

TABLE SHOWING DEATHS FROM ALL CAUSES AND IN

CAUSE OF DEATH	CAUSE OF DEATH AT DIFFERENT PERIODS OF LIFE					
	Under 1 year	1 and under 5	5 and under 15	15 and under 45	45 and under 65	65 and upwards
1. Typhoid and Paratyphoid Fevers ...	—	—	—	—	—	—
2. Cerebro-Spinal Fever	—	—	1	—	—	—
3. Scarlet Fever	—	—	—	—	—	—
4. Whooping Cough	1	—	—	—	—	—
5. Diphtheria	—	—	1	—	—	—
6. Tuberculosis of Resp. System	—	—	—	10	6	1
7. Other forms of Tuberculosis	1	1	1	—	—	—
8. Syphilitic Diseases	—	—	—	—	1	—
9. Influenza	—	—	—	1	1	4
10. Measles	—	—	—	—	—	—
11. Acute Polio-myelitis and Polio-encephalitis	—	—	—	—	—	—
12. Acute Infantile Encephalitis	—	—	—	—	—	—
13. Cancer of buc. cav. and Oesoph. (M) Uterus (F)	—	—	—	1	6	8
14. Cancer of Stomach and Duodenum ...	—	—	—	—	8	16
15. Cancer of Breast	—	—	—	—	9	7
16. Cancer of all other Sites	—	—	1	5	20	43
17. Diabetes	—	—	—	—	—	6
18. Intra. cranial Vascular Lesions ...	—	—	—	3	18	70
19. Heart Disease	—	—	1	3	29	168
20. Other Diseases of Circulatory System ...	—	—	—	2	8	28
21. Bronchitis	—	—	—	—	6	25
22. Pneumonia	3	3	—	1	3	13
23. Other Respiratory Diseases	—	—	—	1	2	1
24. Ulcer of Stomach or Duodenum ...	—	—	—	—	3	2
25. Diarrhoea under 2 years of age ...	3	—	—	—	—	—
26. Appendicitis	—	—	—	1	2	—
27. Other Digestive Diseases	—	—	—	—	3	16
28. Nephritis	—	—	—	4	3	7
29. Puerperal and Post. Abortive Sepsis ...	—	—	—	1	—	—
30. Other Maternal Causes	—	—	—	3	—	—
31. Premature Birth	7	—	—	—	—	—
32. Con. Mal. Birth Injuries, Infant. Diseases	15	—	—	—	—	—
33. Suicide	—	—	—	1	3	—
34. Road Traffic Accidents	—	—	3	3	1	1
35. Other Violent Causes	2	1	1	1	3	9
36. All Other Causes	2	1	1	6	12	58
TOTALS: ALL CAUSES	34	6	10	47	147	483

DISTRICTS IN THE COUNTY OF HUNTINGDON, 1945.

TOTALS	URBAN DISTRICTS						RURAL DISTRICTS			
	Huntingdon U.D.	Godmanchester U.D.	St. Ives U.D.	St. Neots U.D.	Ramsey U.D.	Old Fletton U.D.	Huntingdon R.D.	St. Ives R.D.	St. Neots R.D.	Norman Cross R.D.
—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	1	—	—	—	—
1	1	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	1	—	—	—	—
17	—	1	1	2	2	3	1	3	3	1
3	—	—	1	1	—	—	—	1	—	—
1	—	—	—	—	—	—	1	—	—	—
6	1	—	—	1	—	1	—	—	2	1
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
15	2	1	—	1	1	1	1	3	3	2
24	—	1	1	3	1	2	4	7	3	2
16	1	—	3	5	1	—	3	2	1	—
69	6	3	6	7	3	11	6	16	5	6
6	—	1	1	—	2	1	—	1	—	—
91	13	3	5	8	10	10	18	11	7	6
201	14	6	10	11	15	27	29	40	23	26
38	3	—	7	—	3	2	1	11	11	—
31	4	1	2	3	2	2	4	5	5	3
23	1	—	3	4	—	2	—	3	5	5
4	—	—	—	—	—	1	—	1	—	2
5	—	—	1	—	—	1	—	1	—	2
3	—	—	—	—	—	1	1	—	—	1
3	1	1	—	—	1	—	—	—	—	—
19	2	2	2	1	1	2	2	2	4	1
14	—	—	—	—	1	7	1	3	2	—
1	—	—	—	—	—	—	—	—	1	—
3	1	—	—	—	—	—	1	1	—	—
7	1	—	1	2	—	1	1	—	—	1
15	1	—	—	1	—	3	6	2	2	—
4	2	—	—	1	—	—	—	—	1	—
8	—	—	—	—	3	2	2	—	—	1
17	3	—	—	—	1	3	1	3	1	5
80	5	2	—	7	8	8	10	13	15	12
727	62	22	44	58	55	93	93	129	94	77

